File with: lows Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073!

## DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically. Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. Reset Form TRAIGH DISCLOSURE --

2010 JUL 19 AM 8: 34

		27.77		
COMMITTEE NAME (Must be same as on Statement of Org	lanization)			
Minard for Supervisor			FORM	1
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Candidate (6) City Candidate (6) City Candidate (6) City Candidate (6) City PAC (10) School (11) Local Ballot Issue	(2)State PAC (3)State Party	'	<b>DR-2</b> Rev. 12/2009) or Office Use Of	
CANDIDATE COMMITTEES ONLY:	· · · · · · · · · · · · · · · · · · ·			7317
Candidate Name	Political Party (if applicable)		.ogged in <u>\$</u>	
Larry Minard	Republican		Scanned <u>5</u>	
Office Sought	District (if Senate or House)		/nqijeq	
County Supervisor		_		
Late reports are subject to possible civil and criminal penalties. Proceedings of the committee, and the chairperson, for any other type of	revent to lowe Code sections 68B.32	A(7) and 60	A.401(3), the ca	ndidate, for a
LIQUIDAL BY JUNE 1996 11 SIGNATURE OF PERSON FILING REPORT	503-008-3015 TELEPHONE	ne tor tung	TIGIII DATES	0
1 AM FILING A _ July 19				
	REPORT FOR (1) ELECTIO	<u> </u>	-ELECTION YE	AR.
(report date)	Indicate by	y# [ <u>}</u>		
CHECK IF AMENDMENT TO REPORT DATED		Local Con	nmittees, enter Da	ite of Election
Check if this is final (termination) report and attach Notice	of Dissolution Form DR-3			
(You must continue to file reports until a DR-3 is file	d.)	which Ele	Local Committees ction is held	s, enter County in
		Scott C	ounty	
STATEMENT OF CASH ON HAN	D			
CASH ON HAND at the beginning of the reporting period. (T committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	cash on hand at the end	<b>.</b>	3592.69	
ADD TOTAL MONEY TAKEN IN THIS PERIOD	•		<del></del>	
Schedule A: Cash Contributions total (Attach Sche	dule A) (*also see in-kind below)		682.03	
Schedule F: Loans Received total (Attach Schedule			0.00	
Schedule H: Total Sales of Campaign Property (At	ach Schedule H)		0.00	***************************************
(Schedule H applies to Candidates' Con	imittees Only)			
	SUB-TOTAL.	\$	4274.72	
SUBTRACT TOTAL MONEY SPENT THIS PERIO	D			
Schedule B: Expenditures total (Attach Schedule B	) (**also see debts and loans below	/)	2462.79	
Schedule F: Loan Repayments total (Attach Sched	ule F)		0.00	
CASH ON HAND at the end of this reporting period (if final re	port balance must be zero)	\$	1811.93	
"UNPAID BILLS (From Schedule D - Attach Schedule D)	***************************************		0.00	
*IN KIND CONTRIBUTIONS (From Schedule E - Atlach Sch				
**OUTSTANDING LOANS (From Schedule F - Attach Sched	•	-	-	
CONSULTANT BREAKDOWN (Schedule G Attached?)	•		YES	NO
CANDIDATE COMMITTEES ONLY:		_		-
VALUE OF CAMPAIGN PROPERTY (From Schedule H - At	tach Schedule H)	2	0.00	

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

J	ul.	19.	2010	8:25AM See Dack	_
ror	416	uuci	iviis, l	See Dack	of Form

### CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
Minard for Supervisor		

\_No. 2381\_ **SCHEDULE** 

MONETARY

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 66B.32A(6), prohibite the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
05/15/10	CK# 7358	Scott Sherwood 4560 Sheridan Street Davenport, IA 52806		\$50.00	
05/15/10	ID# CK# 1843	Richard Kleine 6610 James Road Bettendorf, IA 52722		50.00	
05/15/10	CK# 5120	Gunda Davis 4940 Center Court Bettendorf, IA 52722		100.00	
05/15/10	ID# CK# 6182	Caroline Ruhl 233 Fernwood Avenue Davenport, IA 52803		100.00	
05/17/10	CK# 2232	Leigh Svacina 25220 210th Avenue Eldridge, IA 52748		25.00	
05/17/10	ID# CK# 5356	Walter Bredbeck 1114 Eagle View Court LeClaire, IA 52753		25.00	
05/18/10	ID# CK# 5543	Julie Lawrence 2744 Eim Street Davenport, IA 52803		50.00	
05/21/10	10# CK# 13404	Don Challed 5 McClelian Bivd Davenport, IA 52803		50.00	
05/22/10	CK#	Greg Larrison 1104-Garfield Court Davenport, IA 52804		50.00	
05/26/10	IO# CK# 1310	Richard Stahl 4702 Sheridan Street Davenport, IA 52806		25.00	
	<del></del>		SUB-TOTAL	<b>\$ 525.00</b>	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the fillid degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2 (for Schedule A)

TOTAL (if last page of this schedule)

Jul. 19. 2010 8:26AM For instructions, See Back of Form	OOUMNU - T	3
CONTRIBUTIONS MONEY TAKEN IN  (Including candidate's personal funds)	A MONE	TARY
COMMITTEE NAME (Must be same as on Statement of Organization)	CHECK THIS AMENDING F	
Minard for Supervisor	VINETADINA	OLGA
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTIONUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAID DISCLOSURE BOARD.	N COMMITTEE), LIST THE PAC IDENTIFICAT LABLE FROM THE IOWA ETHICS AND CAMP	AIGN LION
NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.	TO YOUR CAMPAIGN MAY HAVE FILIN	1G
CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and states commercial purpose by any person other than statutory political committees.	ments for soliciting contributions or for	any
DATE PAC ID NUMBER NAME AND ADDRESS OF CONTRIBUTOR	RELATION CHIP AMOUNT	T. EE

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if epplicable)	AMOUNT RECEIVED	! IF FOR FUND RAISER INCOME
05/28/10	CK# 9358	John Stavnes 5917 Eagle Ridge Road Bettendorf, IA 52722		\$ 50.00	
05/28/10	CK# 9154	Diane Gere 3223 Middle Road Davenport, IA 52803		25.00	
06/04/10	ID# CK# 13466	Brareb Mulder German Associates, Inc. 326 West Third Stree, Suite 800 Davenport, IA 52801		25.00	
07/14/10	1D# CK#	Uniternized Contributions Includes Bank Account Interest		57.03	
	ID#				
	ID#				
	ID# CK#				
	ID# CK#				
	ID#				
	ID# CK#				
<del>=</del>			SUB-TOTAL	s 157,03	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 2 (for Schedule A)

\$ 682.03

TOTAL (if last page of this schedule)

## FOR INSTRUCTIONS, SEE BACK OF FORM

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# **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Minard for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
(INNIDD) TR)	CHECK NUMBER			
05/26/10	ID# CK# <sub>1006</sub>	Bullseye Direct Mail 5101C Tremont Avenue Davenport, IA 52807	Campaign Postcards	\$ <sub>1753.86</sub>
05/28/10	ID# CK#	Wells Fargo Bank	Bank Service Fee	6.00
06/01/10	ID# CK# 1007	Office Max 320 W. Kimberly Road Davenport, IA 52806	Thank You Cards	13.90
06/01/10	ID# CK# <sub>1008</sub>	Precision Signz 1055 Valley Drive Riverdale, IA 52722	Campaign Yard Signs	401.25
06/05/10	ID# CK# <sub>1009</sub>	Walmart 5811 Elmore Avenue Davenport, IA 52807	Candy for Parade	25.58
06/05/10	ID# CK# <sub>1010</sub>	Blain's Farm & Fleet 8535 Northwest Bouldevard Davenport, IA 52806	Candy for Parade	27.64
06/30/10	ID# ·	Wells Fargo Bank	Bank Service Fee and State Sales Tax	14.56
	ID#	HyVee	Postage Stamps	
07/14/10	CK# 1011	1823 East Kimberly Avenue Davenport, IA 52807	,	220.00
			SUB-TOTAL	\$ 2462.79
			TOTAL (if last page of this schedule)	\$ 2462.79

#### THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	1	_of1	_
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nard for Supervisor  E: This schedule repo	onts money loaned to the committee which is deposited in		(Rev. 02/08) RECE & REP
al unpaid <mark>Loans</mark> f Ti- <b>Monetary</b> Lo	FROM LAST REPORTING PERIOD S 1000.00		AMENDING FOR
DATE RECEIVED	of loan, such as a bank, must be shown if a third party is a  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
(MM/DD/YR)		Charles III Abilication	s
			1
RT II - MONETARY L (Loans forgiver	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD In must be reported an Schedule E — In-kind Contributions.	TOTAL (PART I)	ş <u>0.00</u>
RT II - MONETARY I (Loans forgiver DATE PAID (MM/DD/YR)	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERIOD In must be reported on Schedule E — In-kind Contributions. NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	, )	AMOUNT REPAID
(Loans forgiver	n must be reported an Schedule E - In-kind Contributions.  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiver	n must be reported an Schedule E - In-kind Contributions.  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiver	n must be reported an Schedule E - In-kind Contributions.  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiver	n must be reported an Schedule E - In-kind Contributions.  NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT REPAID
(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO	AMOUNT REPAID